

**THE ARTS**

**CENTER *of***

***the* CAPITAL REGION**

**2017 Individual Artist Commission Final Report From**

*Please complete a final report form for each funded project.*

*Due 30 days after the completion of the project, no later than* ***March 15, 2018.***

Artist Name:

#### Project Title:

#### Part I: Budget Information

Please complete a Final Report Budget Sheet (available online: www.artscenteronline.org/individual-artist-commissions/ or by request).

**Part II: Project Information**

*Please type answers into a Word document using no more than two (2) pages.*

1. What were the strengths of your funded program? How do you feel it made an impact to the community?
2. How did the Individual Artist Commission funding make a difference?
3. Do you plan to apply for Individual Artist Commission funding for 2018/19?
4. Do you have any suggestions for improvements or changes in the Community Arts Grant program?
5. Attach copies of press releases, posters, flyers, images, etc. from your funded project.

Name

Signature Date

Please retain a copy of this report for your files. Return this original form immediately following completion of the program, no later than March 15, 2018 to:

Chris Ristau

The Arts Center of the Capital Region

265 River Street

Troy, NY 12180